

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris	COURT CASE NUMBER 2:21-cv-01479-RFB-DJA
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.;	TYPE OF PROCESS Civil

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
OFFICER S. Hunt P#17602
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
400 S. Martin L. King Blvd. Las Vega, Nevada, 89106

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009]	Number of process to be served with this Form 285	5
	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Las Vegas Metropolitan Police Department
(702) 828-3111
Hours of Operation M-F from 7:00 a.m. to 6:00 p.m., Saturday & Sunday from 8 a.m. to 5 p.m.

Signature of Attorney ^{Plaintiff} other Originator requesting service on behalf of: <i>Mark Clifford Sykes</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE 01/03/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (<i>complete only different than shown above</i>)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

- DISTRIBUTE TO:**
1. CLERK OF THE COURT
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

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DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.;		TYPE OF PROCESS Civil	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN OFFICER S. Hunt P#17602		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 400 S. Martin L. King Blvd. Las Vega, Nevada, 89106		
	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<div style="border: 1px solid black; padding: 5px;"> Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009] </div>		Number of process to be served with this Form 285	5
		Number of parties to be served in this case	5
		Check for service on U.S.A.	

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Las Vegas Metropolitan Police Department
(702) 828-3111
Hours of Operation M-F from 7:00 a.m. to 6:00 p.m., Saturday & Sunday from 8 a.m. to 5 p.m.

Signature of ^{Plaintiff} Attorney other Originator requesting service on behalf of: <i>Mark Clifford Sykes</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE 01/03/2022
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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00

REMARKS:

DISTRIBUTE TO:

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
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PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris	COURT CASE NUMBER 2:21-cv-01479-RFB-DJA
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.;	TYPE OF PROCESS Civil

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
National Crime Information Center Criminal Justice Information Services (CJIS) Division
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1000 Custer Hollow Road, Clarksburg, West Virginia 26306

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009]	Number of process to be served with this Form 285	5
	Number of parties to be served in this case	5
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Fold

email: ioau@fbi.gov
Hours of Service: 9:00 a.m. - 5:00 p.m.
Telephone: (304) 625-2000

Signature of Attorney ^{Plaintiff} other Originator requesting service on behalf of: <i>Mark Clifford Sykes</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE 01/03/2022
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		No. _____	No. _____		

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 11/13

U.S. Department of Justice
United States Marshals Service

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PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris		COURT CASE NUMBER 2:21-cv-01479-RFB-DJA	
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SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	National Crime Information Center Criminal Justice Information Services (CJIS) Division		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1000 Custer Hollow Road, Clarksburg, West Virginia 26306		
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<div style="border: 1px solid black; padding: 5px;"> Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009] </div>		Number of parties to be served in this case	5
		Check for service on U.S.A.	

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email: ioau@fbi.gov
Hours of Service: 9:00 a.m. - 5:00 p.m.
Telephone: (304) 625-2000

Signature of Attorney ^{Plaintiff} other Originator requesting service on behalf of: <i>Mark Clifford Sykes</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE 01/03/2022
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Address (complete only different than shown above) _____				Date ____/____/____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
REMARKS: _____					

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PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Nevada

Mark Clifford Sykes, Sui Juris

Plaintiff(s)

v.

LAS VEGAS METROPOLITAN POLICE
DEPARTMENT, et al.

Defendant(s)

Civil Action No. 2:21-cv-01479-RFB-DJA

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Officer Smith badge number P# 9643

400 S. Martin L. King Blvd.
Las Vega, Nevada, 89106

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Mark Clifford Sykes
P.O. Box # 91614
Henderson, Nevada [89009]

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

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DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.;	TYPE OF PROCESS Civil

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Officer Smith badge number P# 9643
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
400 S. Martin L. King Blvd. Las Vega, Nevada, 89106

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Officer Smith badge number P# 9643

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